## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

Application or Docket Number

| Lifective October 1, 2001   |  |   |   |                      |                                  |                  |              |                     |                        |                            |                           |                        |
|---|--|---|---|----------------------|----------------------------------|------------------|--------------|---------------------|------------------------|----------------------------|---------------------------|------------------------|
| CLAIMS AS   |  |   | (Column 1)                              |                      | (Column 2)                       |                  |              | SMALL ENTITY TYPE   |                        | OR                         | OTHER THAN R SMALL ENTITY |                        |
| TOTAL CLAIMS  |  |   | //                                      |                      |                                  |                  | ľ            | RATE                | FEE                    |                            | RATE                      | FEE                    |
| FOR   |  |   | NUMBER FILED                            |                      | NUMBER EXTRA                     |                  |              | BASIC FEE           | 370.00                 | OR                         | BASIC FEE                 | 740.00                 |
| TOTAL CHARGEABLE CLAIMS   |  |   | minus 20=                               |                      | * Q                              |                  |              | X\$ 9=              |                        | OR                         | X\$18=                    |                        |
| INDEPENDENT CLAIMS  |  |   | / minus 3 =                             |                      | * Ø                              |                  |              | X42=                |                        | OR                         | X84=                      |                        |
| MULTIPLE DEPENDENT CLAIM P  |  |   | RESENT                                  |                      |                                  |                  |              | +140=               |                        | OR                         | +280=                     |                        |
| * If the difference in column 1 is  |  |   | less than zero, enter "0" in column 2   |                      |                                  | olumn 2          | ı            | TOTAL               |                        | OR                         | TOTAL                     | 740                    |
|   | CI   | _AIMS AS A<br>(Column 1)                  | MENDED - PART II  (Column 2) (Column 3) |                      |                                  |                  | SMALL ENTITY |                     | OR                     | OTHER THAN<br>SMALL ENTITY |                           |                        |
| AMENDMENT A   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |   | HIGH<br>NUM<br>PREVI | HEST<br>MBER<br>OUSLY<br>FOR     | PRESENT<br>EXTRA | ,            | RATE                | ADDI-<br>TIONAL<br>FEE |                            | RATE                      | ADDI-<br>TIONAL<br>FEE |
| MON   | Total  | *   | Minus                                   | **                   |                                  | =                |              | X\$ 9=              |                        | OR                         | X\$18=                    |                        |
| AMEI  | Independent                                    | *   | Minus ***                               |                      | TOLAIL.                          | =                |              | X42=                |                        | OR                         | X84=                      |                        |
|   | FIRST PRESE                                    | NTATION OF M                              | ULTIPLE DEF                             | DEPENDENT CLAIN      |                                  |                  |              | +140=               |                        | OR                         | +280=                     |                        |
|   |  |   |   |                      |                                  |                  |              | TOTAL<br>ADDIT. FEE |                        | OR                         | TOTAL<br>ADDIT. FEE       |                        |
|   |  | (Column 1)                                |   |                      | ımn 2)                           | (Column 3)       |              |                     |                        | -                          |                           |                        |
| AMENDMENT B   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |   | NU!<br>PREV          | HEST<br>MBER<br>HOUSLY<br>D FOR  | PRESENT<br>EXTRA |              | RATE                | ADDI-<br>TIONAL<br>FEE |                            | RATE                      | ADDI-<br>TIONAL<br>FEE |
|   | Total  | *   | Minus                                   | **                   |                                  | =                |              | X\$ 9=              |                        | OR                         | X\$18=                    |                        |
|   | Independent                                    | *   | Minus                                   | ***                  | IT CLAUSA                        | =                | 4            | X42=                |                        | OR                         | X84=                      |                        |
| ┞   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |   |                      |                                  |                  |              | +140=               |                        | OR                         | +280=                     |                        |
|   |  | •   |   |                      |                                  |                  |              | TOTAL<br>ADDIT. FEE |                        | OR                         | TOTAL<br>ADDIT. FEE       |                        |
|   | (Column 1) (Column 2) (Column 3                |   |   |                      |                                  |                  |              |                     |                        | •                          |                           |                        |
| AMENDMENT C   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |   | NU<br>PREV           | HEST<br>MBER<br>/IOUSLY<br>D FOR | PRESENT<br>EXTRA |              | RATE                | ADDI-<br>TIONAL<br>FEE |                            | RATE                      | ADDI-<br>TIONAL<br>FEE |
|   | Total  | *   | Minus                                   | **                   |                                  | =                |              | X\$ 9=              |                        | OR                         | X\$18=                    |                        |
| ME  | Independent                                    | *   | Minus                                   | ***                  |                                  | =                | ]            | X42=                |                        | OR                         | X84=                      |                        |
| ľ   | FIRST PRESENTATION OF MULTIPLE DEPENDE         |   |   | PENDE                | NT CLAIM                         | 1 🗍              | L            |                     |                        | 1                          | 200                       |                        |
| A VIII and the state of the setting in column 2 divide "O" in column 2  |  |   |   |                      |                                  |                  |              | +140=               |                        | OR                         |                           |                        |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  ***If the entry in column 1 is less than 1 is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." |  |   |   |                      |                                  |                  |              |                     |                        |                            | <u> </u>                  |                        |
| l "   | The "Highest Nur                               | mber Previously P                         | aid For" (Total                         | or Indeper           | ndent) is the                    | e highest numb   | er fo        | ound in the ap      | propriate bo           | ox in c                    | olumn 1.                  |                        |